University Surgical Associates, L.L.P.

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Thoracic Surgery Division

Cardiac Surgery

Kimberly Topper Center for Drug Evaluation and Research, HFD-21

Berkeley Brandt, III, M.D. Chief, Cardiothoracic Surgery

Food and Drug Administration

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George Alfieris, M.D. (315) 464-5812 (315) 464-6251 Fax

Usage of Opioid Analgesic for the Treatment of Pain Re:

Gregory Fink, M.D. (315) 464-5812 (315) 464-6251 Fax

Dear Kimberly:

Stephen Myers, M.D. (315) 464-5812 (315) 464-6251 Fax

I have been working as a nurse practitioner in cardiothoracic surgery for the last several years. During this period of time both general anesthesia and better narcotic pain analgesia has been two factors that have increased the survival and long term outcome of our patient population. In addition, we have several patients that are not surgically resectable and have advanced lung cancer, as well as other forms of non-resectable advanced cancer. These patients frequently require the use of Opioid Analgesics. Two of the most beneficial narcotics that I have found to be effective are:

Anthony Picone, M.D. (315) 464-5812 (315) 464-6251 Fax

General Thoracic Surgery

Leslie Kohman, M.D. (315) 464-6321 (315) 464-6234 Fax

Oxycontin SR, the sustained release, as I have found that this is very low 1. in its incidence of abuse, when it is used properly.

Karen McGinnis, M.D. (315) 464-6253 (315) 464-6251 Fax

Oxycodone IR, for usage of breakthrough pain. 2.

I understand in the near future that there is going to be a panel discussion, discussing the benefits of using Opioid Analgesics in the treatment of pain and I would hope that you would take my thoughts, as well as the general thoracic surgeon, Leslie Kohman, MD, that I work for to continue to make Oxycontin and Oxycodone available to our patient population. In addition there are certain narcotics that I have found to be very detrimental to the well being of our patients. One of which includes Demerol, which as I am sure you know has a high incidence of seizures, as well as Tylenol #3, which has multiple side effects, as well as is not generally widely accepted as a good medication in any type of pain management protocol. In addition I find that Lortab to be highly addictive and frequently overly prescribed and abused by patients and my personal belief is that this is a drug of choice for many practitioners, as it does not require a triplicate form.

In addition to the cancer patients that we treat, general thoracic surgery also includes surgical intervention for pneumothorax, thyroid removal, 750 East Adams Street • Room 8140 • Syracuse, New York • 13210-2339



esophagectomies for Barrett's esophagus, Blebectomies for severe emphysema patients, as well as many other surgical types of interventions and again I strongly believe that Oxycontin and Oxycodone are two of the most effective and non-addictive medications to use in these cases.

Please feel free to contact me with any questions or concerns.

Sincerely,

Jana Wanda

Jana Dosztan, RN, NP Leslie J. Kohman, M.D. Professor, Thoracic Surgery University Surgical Associates, L.L.P.

LJK/jt

cc: Dr. Leslie Kohman